



**CITY OF CARLSBAD
COMMUNITY DEVELOPMENT BLOCK GRANT/HOME PROGRAM
FUNDING PROPOSAL APPLICATION**

The following information must be completed by each person/agency/organization interested in being considered for CDBG/HOME funding. All information requested must be provided or the application will be considered incomplete and will not be further evaluated for funding consideration. Please type or print clearly. Attach additional sheets or information as necessary. **The application must not exceed a total of fifteen (15) pages, including required Attachments A through C as listed in the Checklist of Required Documents.** Ten copies of the completed application package, including attachments, must be submitted prior to December 15, 2004 to Frank Boensch, Housing and Redevelopment Department, 2965 Roosevelt Street, Suite B, Carlsbad, CA 92008.

ADMINISTRATING AGENCY

Name of Agency: _____

Address: _____

Federal Tax ID Number: _____

PROPOSED PROGRAM/PROJECT

Title of Program/Project: _____

Location of Program/Project: _____

Contact Person: _____ Telephone No.: (____) _____

Requested Funding Amount: \$ _____

Brief Description of Program/Project (Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives of the program/project, etc.):

I. ORGANIZATIONAL ABILITY/CAPACITY

- A. This agency is:
- | | |
|--|--|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> For-profit |
| <input type="checkbox"/> Local public agency | <input type="checkbox"/> State public agency |
| <input type="checkbox"/> Other (Please specify.) _____ | |
- B. What is the purpose/mission of the agency?
- C. How long has this agency been in operation? Please include the date of incorporation?
- D. How long has this agency been providing the proposed program/project?
- E. Please submit an organizational chart for the agency as Attachment A.
- F. Please describe the agency's existing staff positions directly responsible for the proposed program/project and their qualifications and experience in implementing such a program/project. (Resumes may also be submitted as an optional Attachment B but not in lieu of a complete response.)
- G. Please indicate your agency's level of experience with the CDBG/HOME program.
- CDBG/HOME program:
- | | |
|--------------------------|--|
| <input type="checkbox"/> | No or little experience, up to 1 year of using CDBG/HOME funds. |
| <input type="checkbox"/> | Some experience, 2 to 3 years of using CDBG/HOME funds. |
| <input type="checkbox"/> | Moderate experience, 4 to 5 years of using CDBG/HOME funds. |
| <input type="checkbox"/> | Considerable experience, more than 5 years of using CDBG/HOME funds. |

- H. If you have received federal funds, including CDBG/HOME funds, in previous years, have program violation findings ever been made against your agency/organization?

☐ No

☐ Yes

If yes, please explain nature of finding(s) and how finding(s) has been addressed by your organization.

II. FINANCIAL CAPACITY/STABILITY

- A. Please attach as Attachment C the proposed budget itemizing expenses and revenues (sources and amounts) for the proposed program or project in which CDBG funds would be used. Indicate how the requested CDBG/HOME funds would relate to the overall proposed budget.

- B. Did you receive any of the following sources of funding from the City of Carlsbad within the last two years (2003-2004 and 2004-2005) for the proposed program/project?

Sources of Funding

No

Yes

CDBG

☐

☐

Community Activities (General Fund monies)

☐

☐

If yes, please indicate amount and status of previously awarded funds (fully expended, funds remaining, program/project discontinued).

Amount Received

Status

CDBG/HOME funds

Community Activities

- B. Did you receive any federal funds, including CDBG/HOME funding from other cities, last year (July 2004 - June 2005)?

☐ No

☐ Yes (Please list funds below.)

Program Source

Amount Received

\$

\$

\$

- C. Will additional CDBG/HOME funds be required in future years for the project?

☐ No

☐ Yes

III. BENEFITS & BENEFICIARIES

- A. How accessible or convenient is the proposed program/project to Carlsbad residents? (Please be specific such as direct services to client's home, transportation provided to and from facility, or relation to public transportation.)

- B. What is the approximate percentage of your clients that have annual family incomes in each of the following ranges: (Percentages should add to 100%; Please see the 2003-2004 Income Limits for the CDBG/HOME Program)

_____ % of clients are at 30 percent or below of the area median income
_____ % of clients are between 31 and 50 percent of the area median income
_____ % of clients are between 51 and 80 percent of the area median income
_____ % of clients are above 80 percent of the area median income

- C. Please describe how low and moderate income persons will benefit from the proposed program/project. Include the need or problem to be addressed in relation to Consolidated Plan housing and community development priorities, as well as the population to be served or the area to be benefited. (See Consolidated Plan Priorities)

- D. Please indicate the number of clients, by households or individuals, benefiting from the proposed activity and the percentage that are Carlsbad residents.

_____ Households **or** _____ Persons of which _____% are Carlsbad residents

- E. Does your agency focus its activities on populations with special needs?

☐ No ☐ Yes (Please specify)

Please specify which special needs populations. (Homeless individuals/families, Persons with disabilities, Persons with substance abuse problems, Veterans, Farm workers & day laborers, Elderly, Children, etc.)

IV. IMPLEMENTATION OF ACTIVITY

A. Please submit a schedule for implementation of the proposed construction, rehabilitation, property acquisition, other construction related or new public/community service program/project as Attachment D. **The agency must ensure the expenditure of all CDBG/HOME funds awarded within the program year.** I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

_____ Signature	_____ Title	_____ Date
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Date Received: _____

Date Reviewed: _____

Staff Person Completing Review: _____

National Objective: _____

Local Objective: _____

Eligibility Determination: _____